



**FROM:**  
*Benicia Bicycle Club*  
*P. O. Box 141*  
*Benicia, CA 94510*

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TO:

The Road

ANYBODY WANNA RIDE?

## JOIN THE BENICIA BICYCLE CLUB!

**BENICIA BICYCLE CLUB**  
**MEMBERSHIP APPLICATION**

Membership Dues - \$15.00 for individuals or families. Membership runs for 12 months. Please Complete and Mail to:

**Benicia Bicycle Club**  
**P. O. Box 141, Benicia, Ca. 94510**

Please accept my application for membership in the  
**BENICIA BICYCLE CLUB**

Enclosed is: \$15.00 for membership. Make your check payable to:  
**BENICIA BICYCLE CLUB.**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ E-Mail \_\_\_\_\_

E Mail Address \_\_\_\_\_

RENEWAL Yes  No-New Application

Do you want the club to restrict access to this information? Yes   
 No

In consideration of the acceptance of my application I, for myself, my heirs, executors, administrators, successors and assigns, wave, release and discharge all claims for damages resulting from death, personal injury or property damage which I may have, or which may hereafter accrue to me as a result of my participation with this organization. I understand this release is intended to discharge and release in advance, the BENICIA BICYCLE CLUB, its members and their respective agents, officers, officials, servants and representatives, and any involved municipalities and their respective agents and employees from and against any and all liability arising out of or connected in any way with my participation with this organization even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above.

I further understand that serious accidents occasionally occur during bicycle rides and that participants in such events occasionally sustain serious personal injury, death and/or property damage as a consequence of that participation. Nevertheless, knowing the risks of bicycling, I, for myself, my heirs executors, administrators, successors and assigns hereby agree to assume those risks and to release and hold harmless all of the persons or entities mentioned above who, through their negligence or carelessness, might otherwise be liable for damages.

**I ALSO AGREE TO WEAR A BICYCLE HELMET ON ALL CLUB RIDES.**

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE BENICIA BICYCLE CLUB AND SIGN IT OF MY OWN FREE WILL.

DATE \_\_\_\_\_ AGE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

If this application is for family membership, please indicate names and ages of all family members, including minors.

NAME:	SIGNATURE:	AGE:
_____	_____	_____
_____	_____	_____
_____	_____	_____